

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 1 2

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SSA 1902(a)(10(A)(ii)(XIII))

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$27,917 savings

b. FFY 04 \$111,669 savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 2.6A pg 12m

(03-12)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Att. 2.6A pg 12m

(00-01)

Vermont (03-012)

10. SUBJECT OF AMENDMENT:

Premiums imposed on the working people with disabilities coverage group

Approved: 12/10/03
Effective: 07/01/03

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

XXXXXXXXXXXX Charles P. Smith

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

9/8/03

16. RETURN TO:

Roxanne Doty
VT Dept. of PATH
103 South Main Street
Waterbury, VT 05671-1201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 11, 2003

18. DATE APPROVED:

December 10, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE:

Associate Regional Administrator, DMCH

23. REMARKS:

Revision:

ATTACHMENT 2.6-A

Page 12m

OMB No.:

State/Territory: **Vermont**

Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act	<u>Payment of Premiums or Other Cost Sharing Charges</u> For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A: <u> x </u> The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

The agency requires a program fee from individuals with net income above 185% FPL as follows:

- More than 185% FPL but no more than 225% FPL:
\$50 per month.
- More than 225% FPL but no more than 250% FPL:
\$60 per month

TN No. 03-12

Supersedes

TN No. 00-01

Approval Date 12/10/03

Effective Date 07/01/2003

CMS ID: